

Instructions: See other side of this form.

## PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919 (360) 753-3444

## PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

[ ] Amended Petition in Case \_\_\_\_-E-\_\_-

RECEIVED OLYMPIA, WA

JUL 1 2 2004

PUBLIC EMPLOYMENT RELATIONS COMMISSION

		ms that a question concerning mployees of the employer nar		6.	BARGAINING UNIT
1.	<b>EMPLOYER</b>	Cowiche Sewer District		a.	EMPLOYER'S PRINCIPAL BUSINESS
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE ATTORNEY or REPRESENTATIVE ADDRESS CITY/STATE TELEPHONE		John Hall PO Box 64 Cowiche, WA (.509) 678-5700 EXT	ZIP98923 FAX (509.)6785291 ZIP	b. c.	Sewer District  DEPARTMENT OR DIVISION INVOLVED  Office and Water Treatment  DESCRIPTION OF BARGAINING UNIT Indicate inclusions/ exclusions, contract page or case/decision number:  Included - All regular full-time and regular part-time employees.
	2. PETITIONER International Brotherhood of Teamst Teamsters Local Union No. 760			s	Excluded - Elected Board members
AD CIT	NTACT PERSON DRESS 'Y/STATE LEPHONE	1211 W. Lincoln AVe. Yakima, WA (509) 452-7194 EXT	ZIP 98902	4	
RE	TORNEY or PRESENTATIVE DRESS		••••••	d.	NUMBER OF EMPLOYEES IN BARGAINING UNIT
CITY/STATE				7.	DESIGNATION OF REQUEST Indicate:
TELEPHONE  3. INCUMBENT I		( EXT	FAX ()	. l <u>ş</u>	<ul> <li>[X] RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.</li> <li>[ ] CHANGE OF REPRESENTATIVE. The employees in the</li> </ul>
The employees involved are not currently represented for bargaining; or  The employees involved are currently represented by:				bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.	
ORGANIZATION					[ ] DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE			ZIP		<ol> <li>EMPLOYER PETITION - DEMAND FOR RECOGNITION.         The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.     </li> </ol>
ATTORNEY or REPRESENTATIVE ADDRESS		( EXT			[ ] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.
CITY/STATE				8.	OTHER RELEVANT FACTS Indicate, if applicable:
TEI <b>4.</b>	EPHONE () EXT FAX ()  COLLECTIVE BARGAINING AGREEMENT Indicate:			[ ] Additional information is set forth on separate sheets attached to this petition form.	
7.	[ xxThere has never been an agreement covering the employees involved; or		9.	AUTHORIZED SIGNATURE FOR PETITIONER	
	[ ] A copy of the current (or most recent) agreement is attached.			ME (PRINT) JOE WATTZ	
5.				SNATURE Selling	
			TIT	LE Business Representative 7/9/04	